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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Andrew First name P. Middle name Lamb Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8283	

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Debtor 1 Andrew P. Lamb

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		2130 Will James Road Rockford, IL 61109				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Winnebago County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Case number (if known) Debtor 1 Andrew P. Lamb

•ar	t 2: Tell the Court About	Your B	Bankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Requ</i> f page 1 and check the ap		(b) for Individuals Filin	ng for Bankruptcy
	choosing to file under	■ Chapter 7						
		Πс	Chapter 11					
		□с	hapter 12					
			Chapter 13					
3.	B. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local con about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit a pre-printed address.					r's check, or money		
					tallments. If you choose to ts (Official Form 103A).	this option, sign and atta	ch the Application for	Individuals to Pay
□ I request that my fee be waived (You may request this option only if you are filing for Ch but is not required to, waive your fee, and may do so only if your income is less than 150% applies to your family size and you are unable to pay the fee in installments). If you choose the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it was the chapter of the property of the pro						s than 150% of the off f you choose this optic	ricial poverty line that on, you must fill out	
) .	Have you filed for	■ No	0.					
	bankruptcy within the last 8 years?	□ Ye						
	•		District		When	С	ase number	
			District		When	c	ase number	
			District		When _	C	ase number	
10.	Are any bankruptcy	■ No	0					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	es.					
			Debtor			Re	lationship to you	
			District		When _	Ca	se number, if known	
			Debtor			Re	lationship to you	
			District		When	Ca	se number, if known	
11.	Do you rent your residence?	□ N						
		■ Ye	es. Has yo	ur landlord obt	ained an eviction judgmen	nt against you and do you	u want to stay in your	residence?
				No. Go to line	12.			
				Yes. Fill out <i>Ir</i> bankruptcy pe	nitial Statement About an E tition.	Eviction Judgment Again	st You (Form 101A) a	nd file it with this

Document Page 4 of 57 Case number (if known) Andrew P. Lamb Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Andrew P. Lamb

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Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Desc Main Document Page 6 of 57 Case number (if known) Debtor 1 Andrew P. Lamb Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Andrew P. Lamb Andrew P. Lamb Signature of Debtor 2 Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on September 19, 2016

MM / DD / YYYY

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Debtor 1 Andrew P. Lamb Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jeffry A	Dahlberg	Date	September 19, 2016
Signature of	Attorney for Debtor		MM / DD / YYYY
Jeffry A Dal	hlberg		
Balsley & D	ahlberg		
5130 North	Second Street		
Loves Park	,		
Number, Street, 0	City, State & ZIP Code		
Contact phone	(815) 877-2593	Email address	www.balsleylawoffice.com
6206776			
Bar number & St	ato		

		DOCUM	<u>-ni Page 8 oi 57</u>		
Fill in this infor	mation to identify your	case:			
Debtor 1	Andrew P. Lamb				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				_	Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part	1: Summarize Your Assets		
			assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$_	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$_	6,676.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	6,676.00
Part	2: Summarize Your Liabilities		
			liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$_	33,419.05
	Your total liabilities	\$	33,419.05
Part	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$_	800.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	840.00
Part	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other s	chedules.
7.	■ Yes What kind of debt do you have?		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

800.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

			Documer	of Page 10 of 57		
Fill in	this info	ormation to identify you	case and this filing:			
Debto	or 1	Andrew P. Lamb				
		First Name	Middle Name	Last Name		
Debto						
(Spouse	e, if filing)	First Name	Middle Name	Last Name		
United	d States E	Bankruptcy Court for the:	NORTHERN DISTRICT O	FILLINOIS		
Case	number					☐ Check if this is an
						amended filing
		orm 106A/B				
Scl	hedu	ıle A/B: Prop	perty			12/15
think it	fits best.	Be as complete and accur ore space is needed, attack	ate as possible. If two married	ce. If an asset fits in more than o people are filing together, both a . On the top of any additional pag	re equally responsible for	supplying correct
Part 1	Describ	oe Each Residence, Buildin	g, Land, or Other Real Estate \	ou Own or Have an Interest In		
1. Do y	you own o	r have any legal or equitab	le interest in any residence, bu	uilding, land, or similar property?		
	No. Go to P	Part 2.				
ΠY	es. Where	e is the property?				
Part 2	: Describ	oe Your Vehicles				
				cles, whether they are registe e G: Executory Contracts and U		vehicles you own that
3. Ca ı	rs, vans,	trucks, tractors, sport u	tility vehicles, motorcycles	i		
	No					
	/oc					
_	162					
0.4		Lincoln	140 - 1 1 - 4		Do not deduct secured	claims or exemptions. Put
3.1	Make:	Lincoln	Who has an interes	st in the property? Check one	the amount of any secu	red claims on Schedule D:
	Model:	LS	Debtor 1 only		Creditors Who Have Co	laims Secured by Property.
	Year:	2005	Debtor 2 only		Current value of the	Current value of the
			2,000 Debtor 1 and De		entire property?	portion you own?
	Other info	ormation:	At least one of th	ne debtors and another		
			Check if this is (see instructions)	community property	\$4,776.00	\$4,776.00
			(See Instructions)			
4. Wa	tercraft,	aircraft, motor homes, A	ATVs and other recreationa	I vehicles, other vehicles, and	d accessories	
Exa	mples: Bo	oats, trailers, motors, pers	sonal watercraft, fishing vess	els, snowmobiles, motorcycle a	ccessories	
	No					
	res					
				ries from Part 2, including an		\$4,776.00
.pu	goo you	navo attaonoa ioi i ait z	Trito tilat ilaliboi iloioni			
Part 3	Describ	oe Your Personal and Hous	sehold Items			
			table interest in any of the	following items?		Current value of the
_ , c		a.i., iogai oi oqui	and the second s			portion you own?
						Do not deduct secured
6 H o	usehold	goods and furnishings				claims or exemptions.
JJ		J				

Official Form 106A/B Schedule A/B: Property

□ No

Examples: Major appliances, furniture, linens, china, kitchenware

page 1

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Debto	or 1	Andrew P. Lamb		Document	Page 11 of 57 Case number (if known)	
■,	Yes.	Describe				
		Misc. ho	ousehold go	oods and furnishings		\$500.00
	ample No				oment; computers, printers, scanners; music c	
		1 Cell P	hone			\$500.00
Exa	ample No Yes.	bles of value es: Antiques and figurines; other collections, memo Describe ent for sports and hobbie	orabilia, colle		oks, pictures, or other art objects; stamp, coin	or baseball card collections;
= :	No	es: Sports, photographic, exmusical instruments Describe	xercise, and	other hobby equipment;	bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
	xamp No	ns bles: Pistols, rifles, shotguns Describe	s, ammunitio	n, and related equipmen	t	
	xamp No	s oles: Everyday clothes, furs. Describe	, leather coat	s, designer wear, shoes	, accessories	
		Clothing	g and perso	nal items		\$400.00
13. No E. 14. Ar	No Yes. On-fai Examp No Yes. No Yes.	Describe rm animals bles: Dogs, cats, birds, hors Describe her personal and househouse specific information	es old items yo	u did not already list, i	ding rings, heirloom jewelry, watches, gems, g ncluding any health aids you did not list ny entries for pages you have attached	
f		art 3. Write that number he				\$1,400.00
Part 4:		scribe Your Financial Assets /n or have any legal or eq		est in any of the follow	vina?	Current value of the
, , ,				, 3	····g·	portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

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Case number (if known) Document Debtor 1 Andrew P. Lamb 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No ☐ Yes..... Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them...

No ☐ Yes. Give specific information about them...

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

27. Licenses, franchises, and other general intangibles

Debtor 1	Case 16-82289 Andrew P. Lamb	Doc 1	Filed 09/29/16 Document	Entered 09/29/16 09:13:25 Page 13 of 57 Case number (if known)	Desc Main
	, marow i . Lamb				portion you own? Do not deduct secured claims or exemptions.
28. Tax ref	funds owed to you				
■ No					
☐ Yes.	Give specific information ab	out them, inc	luding whether you alrea	ady filed the returns and the tax years	
29. Family <i>Examp</i> ■ No		ılimony, spou	ısal support, child suppo	ort, maintenance, divorce settlement, property	settlement
☐ Yes.	Give specific information				
Examp	benefits; unpaid loans	y insurance p		efits, sick pay, vacation pay, workers' compe	nsation, Social Security
	Give specific information				
Exam _l	its in insurance policies ples: Health, disability, or life	insurance; h	ealth savings account (I	HSA); credit, homeowner's, or renter's insurar	nce
■ No	Name the incurence compa	ov of ooolo no	sligg and light the value		
□ res.	Name the insurance compa Comp	any name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
If you a some of	one has died.			d surance policy, or are currently entitled to reco	eive property because
□ res.	Give specific information				
	against third parties, whe bles: Accidents, employment			t or made a demand for payment to sue	
☐ Yes.	Describe each claim				
■ No	contingent and unliquidate Describe each claim	d claims of	every nature, includin	g counterclaims of the debtor and rights to	set off claims
•	nancial assets you did not	already list			
■ No □ Yes.	Give specific information				
	the dollar value of all of yo art 4. Write that number he			ny entries for pages you have attached	\$0.00
Part 5: De	scribe Any Business-Related	Property You	Own or Have an Interest I	n. List any real estate in Part 1.	
	own or have any legal or equito to Part 6.	able interest i	n any business-related pr	operty?	
_	Go to line 38.				

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

■ No

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Debtor 1	Andrew P. Lamb Document Page 14 of 57 Case number (if known)	
☐ Yes.	Describe	
Exam ■ No	equipment, furnishings, and supplies ples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, Describe	chairs, electronic devices
□ No	nery, fixtures, equipment, supplies you use in business, and tools of your trade	
■ Yes.	Describe	
	Art Supplies	\$500.00
41. Invent ■ No □ Yes.	Describe	
■ No	Give specific information about them	
■ No.	mer lists, mailing lists, or other compilations ur lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ■ No □ Yes. Describe	
■ No	Give specific information	
	the dollar value of all of your entries from Part 5, including any entries for pages you have attached art 5. Write that number here	\$500.00
	escribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.	
■ No.	u own or have any legal or equitable interest in any farm- or commercial fishing-related property? Go to Part 7. S. Go to line 47.	
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above	
	u have other property of any kind you did not already list? poles: Season tickets, country club membership	
	Give specific information	
54. Add	the dollar value of all of your entries from Part 7. Write that number here	\$0.00

Official Form 106A/B

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Case number (if known)

Document Debtor 1 Andrew P. Lamb

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$4,776.00		
57.	Part 3: Total personal and household items, line 15	\$1,400.00		
58.	Part 4: Total financial assets, line 36	\$0.00		
59.	Part 5: Total business-related property, line 45	\$500.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$6,676.00	Copy personal property total	\$6,676.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$6,676.00

Official Form 106A/B Schedule A/B: Property page 6

in this informs	tion to identify your case.	Document		Page 16 of 57	
tor 1	Andrew P. Lamb First Name	Middle Name	L	ast Name	
	First Name	Middle Name		and Marian	
-					
ed States Bank	ruptcy Court for the: NOF	RTHERN DISTRICT OF	ILLIN	OIS	
					Charle if this is an
owii)					Check if this is an amended filing
ioial Ear	~ 106C				
			•		
nedule	C: The Prope	erty You Cla	ım	as Exempt	4/16
roperty you liste ed, fill out and a	ed on <i>Schedule A/B: Propert</i> attach to this page as many o	y (Official Form 106A/B)	as yo	our source, list the property that you	claim as exempt. If more space is
ific dollar amo applicable stat s—may be unl aption to a par	ount as exempt. Alternative utory limit. Some exemptic imited in dollar amount. Ho ticular dollar amount and t	ly, you may claim the fons—such as those for owever, if you claim an	ull fai heal exen	ir market value of the property be th aids, rights to receive certain I nption of 100% of fair market valu	eing exempted up to the amount of penefits, and tax-exempt retirement ue under a law that limits the
1: Identify	the Property You Claim as	Exempt			
Which set of e	xemptions are you claimin	g? Check one only, eve	n if yo	our spouse is filing with you.	
You are clair	ming state and federal nonba	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
☐ You are clair	ming federal exemptions. 11	U.S.C. § 522(b)(2)			
For any prope	rty you list on Schedule A/l	B that you claim as exe	mpt,	fill in the information below.	
		Current value of the	Am	ount of the exemption you claim	Specific laws that allow exemption
Schedule A/B th	at lists this property	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
		\$500.00		\$500.00	735 ILCS 5/12-1001(b)
Line from Sche	dule A/B: 6.1	<u> </u>		100% of fair market value up to	
				any applicable statutory limit	
1 TV		\$500.00		\$500.00	735 ILCS 5/12-1001(b)
	dule A/R: 7 1	Ψοσο.σσ	_	<u> </u>	
Line nom oche	dule A/B. T.T		_	any applicable statutory limit	
Clothing and	personal items	\$400.00	_	\$400.00	735 ILCS 5/12-1001(a)
		φ400.00	-	·	(*)
				100% of fair market value, up to any applicable statutory limit	
Art Supplies	dule A/B: 40.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
				100% of fair market value, up to	
	stor 2 use if, filling) led States Bank le number chedule scomplete and property you listeled, fill out and a number (if known) each item of predict dollar amount of a particable states applicable states ap	First Name ator 2 Juse if, filing) First Name and States Bankruptcy Court for the: MOF The number Down) Michael C: The Prope See complete and accurate as possible. If two property you listed on Schedule A/B: Propert Juse it in the property you claim as exempt Justific dollar amount as exempt. Alternative Justific dollar amount and the explicable statutory limit. Some exemptic Justific dollar amount. He applicable statutory amount. Justific dollar amount and the explicable statutory amount. Justific dollar amount and the explicable statutory amount. The property You Claim as Which set of exemptions are you claimin You are claiming state and federal nonbar You are claiming federal exemptions. The property you list on Schedule A/B Brief description of the property and line on Schedule A/B that lists this property Misc. household goods and furnishings Line from Schedule A/B: 6.1 TV 1 Cell Phone Line from Schedule A/B: 7.1 Clothing and personal items Line from Schedule A/B: 11.1	In this information to identify your case: Intor 1	this information to identify your case: Interval	the this information to identify your case: tor 1

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Official Form 106C

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

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Case number (if known) Document

Debtor 1 Andrew P. Lamb

		17/1/11/11	<u>., 1 1444. 11744 .77</u>	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Andrew P. Lamb			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

		Document	Page 19 of 57		
Fill in this info	ormation to identify your	case:			
Debtor 1	Andrew P. Lamb				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS		
Case number					
(if known)					heck if this is an
				a	mended filing
Official Ear	rm 106E/F				
		lha Haya Unagayrad	l Claima		12/15
		/ho Have Unsecured se Part 1 for creditors with PRIORI		. Proceeds Alexander Control	
Schedule G: Exe Schedule D: Cred eft. Attach the C	cutory Contracts and Unexp ditors Who Have Claims Sec	that could result in a claim. Also ired Leases (Official Form 106G). ured by Property. If more space is ge. If you have no information to re	Do not include any credito needed, copy the Part you	rs with partially secured claims I need, fill it out, number the en	that are listed in tries in the boxes on the
Part 1: List	All of Your PRIORITY Ur	secured Claims			
1. Do any cred	litors have priority unsecure	d claims against you?			
No. Go to	Part 2.				
☐ Yes.					
Part 2: List	All of Your NONPRIORIT	Y Unsecured Claims			
Do any cred	litors have nonpriority unse	cured claims against you?			
☐ No. You I	have nothing to report in this p	art. Submit this form to the court with	n your other schedules.		
Yes.					
unsecured c	laim, list the creditor separatel	aims in the alphabetical order of t y for each claim. For each claim liste ist the other creditors in Part 3.If you	d, identify what type of claim	it is. Do not list claims already inc	luded in Part 1. If more
					Total claim
4.1 AFNI		Last 4 digits of ac	count number 9501		\$653.65
•	rity Creditor's Name				
_	30x 3427 Sington, IL 61702-3517	When was the deb	t incurred?		-
	r Street City State Zlp Code	As of the date you	i file, the claim is: Check all	that apply	
Who in	curred the debt? Check one.				
■ Deb	tor 1 only	☐ Contingent			
☐ Deb	tor 2 only	☐ Unliquidated			
☐ Deb	tor 1 and Debtor 2 only	☐ Disputed			
☐ At le	east one of the debtors and an	other Type of NONPRIO	RITY unsecured claim:		
☐ Che	ck if this claim is for a com	munity			
debt	laim subject to offset?			ement or divorce that you did not	
■ No	oubjoot to onsott		n or profit-sharing plans, and	d other similar debts	
■ No			collections for St. Ant	hony Rockford, SAMC,	
⊔ res		- Other. Specify	and other misc. accor	unts	

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Debu	Andrew P. Lamb	Case number (if know)	
4.2	Cach LLC	Last 4 digits of account number	\$532.00
	Nonpriority Creditor's Name 4340 S. Monaco Second Floor Denver, CO 80237	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	collections for US Bank, and other misc. Other. Specify accounts	
4.3	Central Credit Services LLC	Last 4 digits of account number 15YM	\$309.00
	Nonpriority Creditor's Name		·
	Dept. 673 P.O. Box 4115	When was the debt incurred?	
	Concord, CA 94524		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Пол	
	_	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not	
	No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	■ Other. Specify Collections for Pendrick Capital Partners LLC, and other misc. accounts	
4.4	Citizen's Finance	Last 4 digits of account number	\$5,000.00
	Nonpriority Creditor's Name 6457 N Second St	When was the debt incurred?	
	Loves Park, IL 61111 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Deficiency balance on auto loan	

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Case number (if know)

Debic	Andrew P. Lamb	Case number (if know)	
4.5	Commonwealth Financial Systems	Last 4 digits of account number 16N1	\$309.00
	Nonpriority Creditor's Name 237 N Main St	When was the debt incurred?	
	Scranton, PA 18519		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Collections for Infinity Healthcare, and other misc. accounts	
4.6	Convergent Healthcare Recoveries	Last 4 digits of account number 5680,0034	\$658.00
	Nonpriority Creditor's Name 121 NE Jefferson Street, Suite 100 Peoria, IL 61602	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	— 140	Collections for Central Billing Office, OSFMG	
	☐ Yes	Rock Cut Prompt Care, and other misc. accounts	
4.7	Creditors Protection Service	Last 4 digits of account number	\$544.00
	Nonpriority Creditor's Name 202 W State St Ste 300	When was the debt incurred?	• • • • • • • • • • • • • • • • • • • •
	Rockford, IL 61101 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
		collections for Rockford Health Physicians, UIC COllege of Medicine, and other misc.	
	Yes	■ Other. Specify accounts	

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Case number (if know)

Debu	Andrew P. Lamb	Case number (if know)	
4.8	Creditors' Protection Service	Last 4 digits of account number	\$744.00
	Nonpriority Creditor's Name 308 W State St Suite 485	When was the debt incurred?	
	P.O. Box 4115		
	Rockford, IL 61110-0615 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	To on the date year may also claim to concern that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	collections for Rockford Health Physicians, UIC College of Medicine, and other misc. accounts	
4.9	IHC Swedish American Physicians ER	Last 4 digits of account number 6777,6779	\$956.60
	Nonpriority Creditor's Name 111 E. Wisconsin Ave Suite 2000	When was the debt incurred?	
	Milwaukee, WI 53202-4803 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical	
4.1	Illinois Pathologists Services LLC	Last 4 digits of account number 3769	\$169.00
0]	Nonpriority Creditor's Name P.O. Box 9846	Last 4 digits of account number 3/69 When was the debt incurred?	ψ103.00
	Peoria, IL 61612	Mileti was the dest incurred:	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify medical	

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Debtor 1 Andrew P. Lamb Case number (if know) 4.1 Kishwaukee Auto Corral \$7,751.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Attorney Thomas Sandquist When was the debt incurred? 120 W. State Street, #400 Rockford, IL 61101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify 2012 SC 1392 ☐ Yes 4.1 National Bond Collection 6777,3572 \$700.00 Last 4 digits of account number 2 Nonpriority Creditor's Name 210 Division Street When was the debt incurred? Kingston, PA 18704-2715 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts collections for Swedish American Hospital, and ☐ Yes Other. Specify other misc. accounts 4.1 **National Bond Collection** 188 \$257.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 210 Division Street Kingston, PA 18704-2715 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No collections for Infinity Healthcare Physicians, Other. Specify and other misc. accounts ☐ Yes

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Case number (if know)

Deb	tor 1 Andrew P. Lamb	Case number (if know)	
4.1 4	Nationwide Credit Corporation	Last 4 digits of account number 6790,5123	\$766.00
	Nonpriority Creditor's Name 5503 Cherokee Ave Alexandria, VA 22312	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Collections for Infinity Healthcare Physicians SC, and other misc. accounts	
4.1	Northeast Credit & Collection	Last 4 digits of account number 2993,7574	\$606.00
5	Nonpriority Creditor's Name	Last 4 digits of account number 2000;7071	Ψ000.00
	P.O. Box 3358	When was the debt incurred?	
	Scranton, PA 18505-0358	As of the date was file the plainties OL	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<u> </u>	Пол	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify collections for Incinity Healthcare, and other misc. accounts	
4.1	OSF Common Business Office	Last 4 digits of account number 7958	\$2,257.51
6	Nonpriority Creditor's Name P.O. Box 1806	When was the debt incurred?	Ψ=,=01101
	Peoria, IL 61656-1806	As at the date was file the plaint in Obsal all that are h	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify medical	
		· · ·	

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otor 1 Andrew P. Lamb	Case number (if know)	
OSF Healthcare System	Last 4 digits of account number 8186	\$4,392.00
Nonpriority Creditor's Name 7978 Solution Center	When was the debt incurred?	·
Chicago, IL 60677-7009 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	no of the date year me, the stantile. Onesk an that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify medical	
Retrieval Masters Creditors Bureau	Last 4 digits of account number 9281	\$249.00
Nonpriority Creditor's Name 4 Westchester Plaza Suite 110	When was the debt incurred?	
Elmsford, NY 10523	when was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
\square Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify and other misc. accounts	
Rockford Assoc Clinical Pathologist	Last 4 digits of account number 8284	\$150.00
Nonpriority Creditor's Name	Last 4 digits of account number	Ψ100.00
P.O. Box 71082	When was the debt incurred?	
Chicago, IL 60694-1082 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok an that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify medical	
	,	

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Case number (if know)

Debt	or 1 Andrew P. Lamb	Case number (if know)	
4.2 0	Rockford Health Physicians	Last 4 digits of account number A395	\$1,167.30
	Nonpriority Creditor's Name 2300 N. Rockton Avenue Rockford, IL 61103	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical	
4.2 1	Rockford Mercantile Agency Inc Nonpriority Creditor's Name	Last 4 digits of account number 7510,3957	\$3,432.95
	2502 S. Alpine Road Rockford, IL 61108	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	Check if this claim is for a community		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	□ No	Debts to pension or profit-sharing plans, and other similar debts	
	■ Yes	collections for Illinois Pathologist Services, OSF St. Anthony Medical Center, and other misc. accounts	
4.2			
2	Rockford Radiology Assoc	Last 4 digits of account number 6213	\$71.00
	Nonpriority Creditor's Name P.O. Box 44269 Madison, WI 53744-4269	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other Specify medical	

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Case number (if know)

Debt	or 1 Andrew P. Lamb	Case number (if know)	
4.2	Sinnissippi Contors, Inc.	Last 4 digits of account number 8283	\$3.00
3	Sinnissippi Centers, Inc. Nonpriority Creditor's Name	Last 4 digits of account number 8283	φ3.00
	325 Illinois Route 2	When was the debt incurred?	
	Dixon, IL 61021-9162		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<u></u>	☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify medical	
4.2	Southwest Credit Systems LP	Last 4 digits of account number 5467	\$270.96
4	Nonpriority Creditor's Name		*
	4120 International Pkwy Suite 1100 Carrollton, TX 75007-1958	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	′	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	<u> </u>	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	110	_ collection for US Cellular, and other misc.	
	Yes	Other. Specify accounts	
4.2 5	Stanislaus Credit Control Service	Last 4 digits of account number 2601	\$114.30
	Nonpriority Creditor's Name		
	914 - 14th Street	When was the debt incurred?	
	P.O. Box 480		
	Modesto, CA 95353 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the stann is. Oneok an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	•	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
		collections for Cepamerican Illinois, OSF St.	
	_	Anthony Medical Center, and other misc.	
	☐ Yes	Other. Specify accounts	

Document Page 28 of 57 Debtor 1 Andrew P. Lamb Case number (if know) 4.2 Swedish American Hospital 0662 \$1,355.78 Last 4 digits of account number 6 Nonpriority Creditor's Name P.O. Box 310283 When was the debt incurred? Des Moines, IA 50331-0283 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

☐ Student loans

Other. Specify

report as priority claims

Part 3: List Others to Be Notified About a Debt That You Already Listed

medical

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Part 4: Add the Amounts for Each Type of Unsecured Claim

☐ Check if this claim is for a community

Is the claim subject to offset?

debt

■ No

☐ Yes

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				1	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	33,419.05
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	33,419.05

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

		I A A A H H H		
Fill in this infor	rmation to identify your	case:		
Debtor 1	Andrew P. Lamb			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.4	•				
	Name				_
	Number	Street			-
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

		Docume	<u>ent Pade 30 d</u>)I 5 /	
Fill in this ir	nformation to identify your	case:			
Debtor 1	Andrew P. Lamb				
200101	First Name	Middle Name	Last Name		
Debtor 2	First Name	Middle None	Lost Nome		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numbe (if known)	er				☐ Check if this is an amended filing
	Form 106H ıle H: Your Cod	ebtors			12/15
people are fi ill it out, and our name a	ling together, both are equ	ally responsible for supp boxes on the left. Attach . Answer every question	olying correct informat n the Additional Page t	tion. If more space is in the to	rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Do yo	ou have any codebtors? (IF)	you are filing a joint case, o	do not list either spouse	as a codeptor.	
■ No □ Yes					
Arizona, No. G Yes. I 3. In Columnin line 2	California, Idaho, Louisiana, to to line 3. Did your spouse, former spouse, former spouse, former spouse, former spouse, and 1, list all of your codebter again as a codebtor only i	Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran	erto Rico, Texas, Wash with you at the time? spouse as a codebtor tor or cosigner. Make	ington, and Wisconsin.) if your spouse is filing sure you have listed to	ng with you. List the person shown he creditor on Schedule D (Official
out Colu		Form 106E/F), or Sched	ule G (Official Form 10	ЉG). Use Schedule D,	Schedule E/F, or Schedule G to fill
	olumn 1: Your codebtor me, Number, Street, City, State and Zi	P Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne
	ame			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
Nu	ımber Street				
Cit	ty	State	ZIP Code		
3.2				☐ Schedule D, lir	
	ame			Schedule E/F,	
				☐ Schedule G, lir	
Nu	ımber Street			_	
Cit		State	ZIP Code		

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Fill	in this information to	identify your ca	ase:								
Del	otor 1	Andrew P. La	amb			_					
	otor 2 ouse, if filing)					_					
Uni	ted States Bankrupt	cy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS							
	se number			-			□ Ai		ed filing ent showir	ng postpetitior	
<u>O</u>	fficial Form	<u> 1061</u>					M	M / DD/ Y	/YYY		
S	chedule I: \	Your Inc	ome								12/1
spo atta Par	use. If you are sepa ch a separate shee tt1: Describe	arated and you to this form.	are married and not filir r spouse is not filing w On the top of any additi	ith you, do not includ	e infor	matic	n about	your spo	ouse. If m	ore space is	needed,
1.	Fill in your emplo information.	yment		Debtor 1				Debtor 2	2 or non-f	iling spouse	
	If you have more that	•	Employment status	■ Employed				☐ Empl	oyed		
	attach a separate page with information about additional			☐ Not employed				☐ Not e	mployed		
	employers.		Occupation	Tattoo Apprentice							
	Include part-time, s self-employed wor		Employer's name	Self Employed							
	Occupation may in or homemaker, if it		Employer's address								
			How long employed t	here? February	2016			_			
Par	Give Deta	ails About Mor	nthly Income								
	mate monthly incouse unless you are s		ate you file this form. If	you have nothing to rep	oort for	any I	ine, write	\$0 in the	space. In	clude your no	n-filing
	u or your non-filing s e space, attach a se		ore than one employer, co	ombine the information	for all e	emplo	yers for	that perso	on on the I	ines below. If	you need
							For Deb	otor 1		ebtor 2 or ing spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$		0.00	\$	N/A	-
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	-
4.	Calculate gross le	ncome. Add lir	ne 2 + line 3		4	\$		0.00	\$	N/Δ	

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Deb	tor 1	Andrew P. Lamb	_	Case	number (if kno	wn)				
				For	Debtor 1			Debtor filing s		
	Cop	y line 4 here	4.	\$	0.	00	\$	9	N/A	
5.	List	all payroll deductions:								
٥.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	^	00	\$		NI/A	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$_		00	\$ 		N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_		00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_		00	\$		N/A	
	5e.	Insurance	5e.	\$		00	\$		N/A	
	5f.	Domestic support obligations	5f.	\$	0.	00	\$	-	N/A	
	5g.	Union dues	5g.	\$	0.	00	\$		N/A	
	5h.	Other deductions. Specify:	5h	+ \$_	0.	00	+ \$		N/A	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.	00	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.	00	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.	\$	800.	00	\$		N/A	
	8b.	Interest and dividends	8b.	\$		00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		Ф.			Ф.			
	04	settlement, and property settlement.	8c.	\$_ \$		00	\$		N/A	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$_		00	\$ 		N/A N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$_ \$		00	\$		N/A	
	8g.	Pension or retirement income	– 8g.	\$_		00	\$ 		N/A	
	8h.	Other monthly income. Specify:	8h	· -		00	· —		N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	800.	00	\$		N/A	
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		800.00	\$		N/A	= \$	800.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		000.00	- Ψ		11//		000.00
11.	Stat Inclu othe Do n	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	deper		•		•		<i>J</i> . +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	800.00
13.	Do	you expect an increase or decrease within the year after you file this form	?					'	Combine monthly	
		No. Yes Explain:								

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Fill i	n this informat	tion to identify yo	our case:					
Debt	or 1	Andrew P. La	amb			Che	eck if this is: An amended filing	
Debt (Spo	or 2 use, if filing)						A supplement show	wing postpetition chapter the following date:
Unite	ed States Bankru	uptcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	e number lown)							
Of	ficial Fo	rm 106J						
Sc	hedule	J: Your	Exper	ises				12/1
info	rmation. If me		eded, atta	. If two married people ar ch another sheet to this n.				
Part	1: Descri	ibe Your House	hold					
١.	■ No. Go to	line 2.	in a sonar	ate household?				
	□ No	0	•	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Del	btor 2.	
2.	Do you have	e dependents?	■ No	·	•			
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents r							□ No □ Yes
	•							□ No
								Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.	expenses of	enses include f people other t d your depende	han $_{m \Box}$	No Yes				
Esti exp	mate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance i cluded it on <i>Schedule I:</i>)			Your exp	enses
4.		r home owners d any rent for th		ses for your residence. I	nclude first mortgag	e 4.	\$	300.00
	If not include	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
	•	rty, homeowner's	-			4b.	·	0.00
				ipkeep expenses		4c.	·	0.00
5.		owner's associa		dominium dues our residence, such as ho	me equity loans	4d. 5.	·	0.00

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Deb	tor 1 Andrew P. Lamb	Case num	ber (if known)	
6.	Utilities:			
J.	6a. Electricity, heat, natural gas	6a.	\$	100.00
	6b. Water, sewer, garbage collection	6b.	· · · — — — — — — — — — — — — — — — — —	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.		140.00
	6d. Other. Specify:	6d.	·	
,	· · ·			0.00
7.	Food and housekeeping supplies	7.		150.00
3.	Childcare and children's education costs	8.	·	0.00
).	Clothing, laundry, and dry cleaning	9.	\$	0.00
0.	Personal care products and services	10.	\$	0.00
1.	Medical and dental expenses	11.	\$	0.00
2.	Transportation. Include gas, maintenance, bus or train fare.		_	450.00
	Do not include car payments.	12.	\$	150.00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
4.	Charitable contributions and religious donations	14.	\$	0.00
5.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	·	0.00
	15d. Other insurance. Specify:	15d.		0.00
6	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	100.	Ψ	0.00
Ο.	Specify:	16.	\$	0.00
7	Installment or lease payments:	_ '0.	Ψ	0.00
١.	17a. Car payments for Vehicle 1	17a.	¢	0.00
	·		· · · — — — — — — — — — — — — — — — — —	
	17b. Car payments for Vehicle 2	17b.		0.00
	17c. Other. Specify:	17c.	·	0.00
	17d. Other. Specify:	17d.	\$	0.00
8.	Your payments of alimony, maintenance, and support that you did not report as	10	¢.	0.00
_	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	
9.	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
0.	Other real property expenses not included in lines 4 or 5 of this form or on Sched			
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
1	Other: Specify:		+\$	0.00
• • •	——————————————————————————————————————		Γ	0.00
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	840.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	840.00
	220. Add into 220 and 220. The result to your monthly expenses.		• ———	U+0.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	800.00
	23b. Copy your monthly expenses from line 22c above.	23b.		840.00
			*	
	23c. Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	-40.00
			1	
24.	Do you expect an increase or decrease in your expenses within the year after you	file this	s form?	
-	For example, do you expect to finish paying for your car loan within the year or do you expect your n			r decrease because of a
	modification to the terms of your mortgage?			
	■ No.			
	Yes. Explain here:			
	_ 100,			

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Fill in this info	rmation to identify your	case:			
Debtor 1	Andrew P. Lamb				
	First Name	Middle Name	Last Name		
Debtor 2	E: AN	ACT III AT			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	NORTHERN DISTRICT OF	FILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official For	m 106Dec				
Declara	tion About a	an Individual D	ebtor's Sc	hedules	12/15
Doolara	tion / toout t	arr marviadar B	00000	11044100	12/13
If two married p	eople are filing togethe	er, both are equally responsi	ble for supplying cor	rect information.	
•					
					ement, concealing property, or 0, or imprisonment for up to 20
	18 U.S.C. §§ 152, 1341,		otcy case can result i	n fines up to \$250,00	u, or imprisonment for up to 20
, ,	,				
Sig	gn Below				
Did you pa	ay or agree to pay some	eone who is NOT an attorney	to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bank	kruptcy Petition Preparer's Notice,
	·			Declaration,	and Signature (Official Form 119)
Under pen	alty of periury. I declare	that I have read the summa	ry and schedules file	d with this declaration	on and
	re true and correct.		.,		
V /0/ ^	drow D. Lomb		v		
	drew P. Lamb w P. Lamb		XSignature of	Dehtor 2	
	ure of Debtor 1		Oignatare of	200.012	

Date

Date September 19, 2016

Fill in	this inform	ation to identify you	case:			
Debto	· 1	Andrew P. Lamb	Middle Name	Last Name		
Debtoi	· 2	· not realing	imade Name	<u> </u>		
(Spouse	if, filing)	First Name	Middle Name	Last Name		
United	States Ban	kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case r	number					No and Millianda and
(II KNOWI	·)				_	Check if this is an mended filing
O.C.		407				
	cial For		Affairs for Individ	duals Filing for B	ankruntcy	4/16
					equally responsible for sup	
inform	ation. If mo		attach a separate sheet to		additional pages, write you	
		• •		Lived Defere		
Part 1			rital Status and Where You	I Lived Belore		
1. VV	nat is your	current marital statu	S?			
	Married Not marr	ied				
2. Dı	uring the la	st 3 years, have you	lived anywhere other than	where you live now?		
	No					
		all of the places you l	ved in the last 3 years. Do n	ot include where you live now		
D	ebtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. W	ithin the las	st 8 years, did you ev	er live with a spouse or leg	gal equivalent in a commun	ity property state or territory	? (Community property
states a	and territorie	s include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto Ri	co, Texas, Washington and W	/isconsin.)
	No					
	Yes. Mak	ce sure you fill out Sch	nedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Explain	the Sources of You	r Income			
4 D:	d b					
Fil	I in the total	amount of income yo	u received from all jobs and	all business during this yeall businesses, including parter together, list it only once un		idar years?
	No					
		n the details.				
			Debter 4		Debtor 2	
			Debtor 1 Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$4,000.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

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Case number (if known) Debtor 1 Andrew P. Lamb

					Debtor 1				De	btor 2		
				of income that apply.		income e deductions and ions)		urces of inc eck all that a		Gross income (before deductions and exclusions)		
			■ Wages bonuses,	s, commissions, tips		\$37,148.00		Wages, com nuses, tips	missions,			
					■ Opera	ting a business				Operating a	business	
5.	Include and oth winning List ea	e ince her p gs. If	ome regard ublic bene you are fil	lless of wheth fit payments; ing a joint cas	er that inco pensions; r e and you l	ome is taxable. Ex ental income; inte have income that	amples of rest; divid you receiv		alimon ected front tonly o	om lawsuits; nce under De	royalties; and ebtor 1.	ecurity, unemployment, d gambling and lottery
	□ Y	'es. F	ill in the de	etails.								
					Debtor 1				De	btor 2		
						of income below.	each s	income from source e deductions and ions)	So	urces of inc scribe below		Gross income (before deductions and exclusions)
Pai	rt 3:	List	Certain Pa	yments You	Made Befo	ore You Filed for	Bankrupt	cv				
	□ N	lo.	Neither De individual puring the No. Yes	ebtor 1 nor D primarily for a 90 days befo Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o 90 days befo Go to line 7 List below e	ebtor 2 ha personal, f re you filed hach creditor editor. Do n payments t on 4/01/19 r both hav re you filed hach creditor each creditor	family, or househod amily, or househod for bankruptcy, do not to whom you part to whom you	umer deb old purposi id you pay id a total on this bankrungs after tha umer deb id you pay	e." y any creditor a tot of \$6,425* or more nestic support obligatory case. at for cases filed on ts. y any creditor a tot of \$600 or more ar	e in one ligation or aft tal of \$6	or more pays, such as cher the date of more?	re? ments and thild support and adjustment. you paid that	
	Credi	itor's	Name and	d Address		Dates of payme	ent	Total amount paid	An	nount you still owe	Was this p	payment for
7.	of whice a busing alimon	rs incoch you ness ny.	lude your r u are an of you operat	elatives; any ficer, director	general par person in coprietor. 11	rtners; relatives of control, or owner	any gene of 20% or		nership: ng secu	s of which yo ırities; and ar	u are a gener ny managing	ral partner; corporations agent, including one for
			Name and		sider.	Dates of payme	ent	Total amount paid	An	nount you still owe	Reason fo	r this payment

5.1.		Case 16-82289	Doc 1	Filed 09/29/16 Document	Entered 09/2 Page 38 of 57 Cas	9/16 09:13:2	5 Desc	Main	
Debt	tor 1	Andrew P. Lamb			Cas	e number (if known)			
į	inside	n 1 year before you filed for r? e payments on debts guaran	-		ayments or transfer a	ny property on ac	count of a de	ebt that benefited an	
		lo 'es. List all payments to an i er's Name and Address	nsider	Dates of payment	Total amount	Amount you	Reason for	this payment	
					paid	still owe	Include cred	itor's name	
Part	4:	Identify Legal Actions, Re	possession	s, and Foreclosures					
1	List all modific	n 1 year before you filed for such matters, including per cations, and contract dispute lo es. Fill in the details.	rsonal injury						
	Case			Nature of the case	Court or agency		Status of th	e case	
	Case	number							
	Check —	al that apply and fill in the loo. Go to line 11.			perty repossessed, fo	oreclosed, garnisł	ned, attached	I, seized, or levied?	
	Y	es. Fill in the information be	elow.						
	Credi	tor Name and Address		Describe the Property	<i>'</i>	Date		Value of the property	
				Explain what happen	ed			р. оро. су	
	Citizen's Finance 6457 N Second St Loves Park, IL 61111			2005 Lincoln LS 82, ■ Property was repos □ Property was forecle	sessed.	Augus	st 6, 2016	\$5,000.00	
				☐ Property was garnished.					
				☐ Property was attach	ned, seized or levied.				
;	accou ■ N	n 90 days before you filed nts or refuse to make a pa lo es. Fill in the details.			cluding a bank or fin	ancial institution,	set off any a	mounts from your	
	Credi	tor Name and Address		Describe the action the	ne creditor took	Date a	ction was	Amount	

taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

■ No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address:

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Debtor 1	Andrew P. Lamb		Document	Page 39 of 57 Case number (if known)	
4. Withi	in 2 years before you filed t	for bankrupt	cy, did you give any gi	fts or contributions with a total value of r	more than \$600 to any cha
	No				
	Vaa Fill in tha dataila fan aas		atha a sti a sa		

14.	■ No Yes. Fill in the details for each gift or			s with a tota	i value of more than	\$600 to any charity?	
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	total	Describe what you contributed		Dates you contributed	Value	
Par	t 6: List Certain Losses						
15.	Within 1 year before you filed for bankr or gambling?	uptcy or	since you filed for bankruptcy, did y	ou lose anyt	hing because of the	ft, fire, other disaste	
	■ No □ Yes. Fill in the details.						
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the lot the amount that insurance has paid. Lice claims on line 33 of Schedule A/B: I	ist pending	Date of your loss	Value of property loss	
Par	t 7: List Certain Payments or Transfe	rs					
16.	Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	preparin	g a bankruptcy petition?			rty to anyone you	
	□ No						
	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		Description and value of any property transferred		Date payment or transfer was made	Amount o paymen	
	Balsley & Dahlberg 5130 North Second Street Loves Park, IL 61111 www.balsleylawoffice.com		Attorney Fees		September 19, 2016	\$500.00	
17.	Within 1 year before you filed for bankr promised to help you deal with your crop Do not include any payment or transfer that the No	editors or	to make payments to your creditors		r transfer any prope	rty to anyone who	
	Yes. Fill in the details.		Description and value of any conserva-		Data manusant	A	
	Person Who Was Paid Address		Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bank transferred in the ordinary course of you line to both outright transfers and transfer include gifts and transfers that you have a	our busine rs made a	ess or financial affairs? as security (such as the granting of a se		• •		
	■ No □ Yes. Fill in the details.						
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made	
	Person's relationship to you			F 370			

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Debtor 1 Andrew P. Lamb

19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.									
	Name of trust	Description and v	alue of the property tr	ansferred	Date Transfer was made					
Pa	tt 8: List of Certain Financial Accounts, Instr	uments, Safe Deposit	Boxes, and Storage U	Jnits						
20.	sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No	other financial accour	nts; certificates of dep							
	Yes. Fill in the details.									
		ast 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer					
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?									
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		ibe the contents	Do you still have it?					
22.	Have you stored property in a storage unit or	place other than your	home within 1 year be	efore you filed for bankrup	tcy?					
	No									
	Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		ibe the contents	Do you still have it?					
Pa	rt 9: Identify Property You Hold or Control fo	or Someone Else								
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	ıde any property you k	porrowed from, are storing	for, or hold in trust					
	■ No □ Yes. Fill in the details.									
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		be the property	Value					
	rt 10: Give Details About Environmental Informethe purpose of Part 10, the following definition									
_										
	Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s	air, land, soil, surface	water, groundwater,							
	Site means any location, facility, or property a to own, operate, or utilize it, including disposa	_	environmental law, wh	ether you now own, opera	te, or utilize it or used					

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Andrew P. Lamb

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an en					ler or in violation of an environme	ntal law?		
		No Yes. Fill in the details.						
	Na	me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice		
25.	Hav	e you notified any governmental unit of	any release of hazardous material?					
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice		
26.	Hav	e you been a party in any judicial or adm	ninistrative proceeding under any envir	ronr	mental law? Include settlements a	nd orders.		
		No Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case		
Par	t 11:	Give Details About Your Business or 0	Connections to Any Business					
27.	Witl	nin 4 years before you filed for bankrupt	cy, did you own a business or have an	y of	the following connections to any	business?		
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
		☐ An owner of at least 5% of the voting or equity securities of a corporation						
	■ No. None of the above applies. Go to Part 12.							
		Yes. Check all that apply above and fill	in the details below for each business	·-				
		siness Name	Describe the nature of the business		Employer Identification number			
	Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed							
28.		nin 2 years before you filed for bankruptoitutions, creditors, or other parties.	cy, did you give a financial statement to	o an	nyone about your business? Inclu	de all financial		
		No Yes. Fill in the details below.						
		me dress nber, Street, City, State and ZIP Code)	Date Issued					

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Case number (if known) Document

Debtor 1 Andrew P. Lamb

are tru	e and correct. I understand that maki	of Financial Affairs and any attachments, and I declare ng a false statement, concealing property, or obtainin p to \$250,000, or imprisonment for up to 20 years, or I	g money or property by fraud in connection
/s/ Aı	ndrew P. Lamb		
Andrew P. Lamb Signature of Debtor 1		Signature of Debtor 2	
Date	September 19, 2016	Date	
Did yo ■ No □ Yes	. •	tement of Financial Affairs for Individuals Filing for B	ankruptcy (Official Form 107)?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Official Fo Stateme i		n for Individu	ıals Filing Under Chapte	r 7 12/15
				amended filing
Case number (if known)				☐ Check if this is an
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
Debtor 1	Andrew P. Lamb First Name	Middle Name	Last Name	

you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Deb	otor 1A	Andrew P. Lamb	Case number (if i	known)
	ame: Descriptio	n of	☐ Retain the property and redeem it. ☐ Retain the property and enter into a	☐ Yes
	•	11 01	Reaffirmation Agreement.	
	roperty	loht:	☐ Retain the property and [explain]:	
S	ecuring o	ept:		
		st Your Unexpired Personal Prop		
n th	e inform	ation below. Do not list real esta	nat you listed in Schedule G: Executory Contracts and Une ate leases. Unexpired leases are leases that are still in effect perty lease if the trustee does not assume it. 11 U.S.C. § 36	ct; the lease period has not yet ended.
Des	scribe yo	our unexpired personal property	leases	Will the lease be assumed?
	sor's nan			□ No
	scription of perty:	of leased		☐ Yes
Les	sor's nan	ne:		□ No
	scription o	of leased		
Pro	perty:			☐ Yes
Les	sor's nan	ne:		□ No
	scription o	of leased		
Pro	perty:			☐ Yes
	sor's nan			□ No
	scription operty:	of leased		☐ Yes
	sor's nan			□ No
	scription o	of leased		_
PIO	perty:			☐ Yes
	sor's nan			□ No
	scription of perty:	of leased		☐ Yes
	sor's nan			□ No
	scription of perty:	of leased		–
Pro	репу:			☐ Yes
Par	t 3: Si	gn Below		
Jnd prop	er penal	ty of perjury, I declare that I have t is subject to an unexpired lease	e indicated my intention about any property of my estate the	at secures a debt and any personal
χ.	/s/ And	drew P. Lamb	X Signature of Debtor 2	
	Andrev	w P. Lamb	Signature of Debtor 2	
	Signatu	re of Debtor 1		
	Date	Sentember 19, 2016	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-82289 Doc 1 Filed 09/29/16 Entered 09/29/16 09:13:25 Desc Main Document Page 49 of 57

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	Andrew P. Lamb		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMP	ENSATION OF ATTO	RNEY FOR D	EBTOR(S)
С	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fine rendered on behalf of the debtor(s) in contemplation	ling of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		s	500.00
	Prior to the filing of this statement I have receive			500.00
	Balance Due		\$	0.00
2. \$	8 83.75 of the filing fee has been paid.			
3. Т	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. Т	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5. I	■ I have not agreed to share the above-disclosed cor	mpensation with any other person	unless they are men	abers and associates of my law firm.
I	☐ I have agreed to share the above-disclosed compecopy of the agreement, together with a list of the I			
6. l	In return for the above-disclosed fee, I have agreed to	render legal service for all aspec	ts of the bankruptcy	case, including:
b c	 a. Analysis of the debtor's financial situation, and renote. b. Preparation and filing of any petition, schedules, so Representation of the debtor at the meeting of credit. c. Representation of the debtor at the meeting of credit. d. [Other provisions as needed] Negotiations with secured creditors to reagreements and applications as needed; of liens on household goods. 	tatement of affairs and plan which litors and confirmation hearing, a duce to market value; exempti	n may be required; nd any adjourned hea on planning; prepa	arings thereof;
7. E	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any disc adversary proceeding.	fee does not include the following chargeability actions, judicial lie	g service: en avoidances, reli	ef from stay actions or any other
		CERTIFICATION		
	certify that the foregoing is a complete statement of ankruptcy proceeding.	any agreement or arrangement for	r payment to me for	representation of the debtor(s) in
Se	eptember 19, 2016	/s/ Jeffry A Dahlbe	erg	
	ate	Jeffry A Dahlberg		
		Signature of Attorna Balsley & Dahlber		
		5130 North Secon		
		Loves Park, IL 61		_
			Fax: (815) 877-796	5
		www.balsleylawof Name of law firm	nce.com	
		rianie oj iaw jiini		

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In re:

Case No.: 16-

Andrew P. Lamb

Judge Thomas M Lynch

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 7 DEBTORS AND THEIR ATTORNEYS

BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case as required by Local Bankruptcy Rule and explain how and when the attorney's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, statements and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, statements and schedules.
- 5. Advise the debtor of the need to maintain appropriate insurance.

AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

1. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card

does not include the debtor's social security number, the debtor will also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.

- 2. Notify the attorney of any change in the debtor's address or telephone number.
- 3. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 4. Contact the attorney immediately if the debtor loses employment, has a significant change in income or experiences any other significant change in financial situation (such as serious illness, lottery winnings or an inheritance).
- 5. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 6. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the Internal Revenue Service or the Illinois Department of Revenue.
- 7. Contact the attorney before selling real property while the bankruptcy is pending.
- 8. Pay all fees for amendments in a timely fashion.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination).
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 7 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely prepare, file and serve any necessary amended statements and schedules and any change of address in accordance with information provided by the debtor.
- 7. Monitor all incoming case information.

- Prepare, file and serve all appropriate motions to avoid liens. 8.
- Provide any other legal services necessary for the administration of the case before 9. the Bankruptcy Court.
- Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of 10. the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- Improper conduct by the debtor. If the attorney believes that the debtor is not 11. complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- The services to be provided by the attorney specifically exclude the representation 12. in any adversary proceeding filed by any creditor.

Date:	9-19-16	
Total fee to be paid for attorney's services:		
\$ 500.00)	

(Do not sign if this line is blank)

I understand that I may be subject to a random audit conducted by a private audit firm pursuant to §603 of the Bankruptcy Code and will have to produce certain documents which may include pay stubs for the six (6) calendar months prior to filing; two years of federal tax returns, including any schedules and forms; account statements for all depository and investment accounts for six calendar months preceding the date of filing of the petition, plus the month in which the petition was filed, along with sufficient documentation to reasonably explain the source of deposits or credits and the purpose of checks, withdrawals or debits and a copy of any divorce decree and/or property settlement entered within the last three years and any current child support/alimony obligation that I may have.

Signed:

Jeffry A Dahlbere

Attorney for

BALSLEY & DAHLBERG 5130 North Second Street Loves Park, IL 61111-5002 815-877-2593

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Attorney - Client Agreement Chapter 7

The undersigned hires Balsley & Dahlberg Law Office for representation in a Chapter 7 bankruptcy under the following terms and conditions. I/We have signed and received a copy of the "Court Approved Retention Agreement" between Chapter 7 Debtors and their attorney as established by the Bankruptcy Court for the Northern District of Illinois, and any terms that conflict with it are null and void. I/We understand more than one Attorney or office personal will work on my/our case.

I/We understand the court cost of \$335.00 is not included in attorney fees. I/We also understand the cost for the credit counseling or financial management classes are not included in the attorney fees. Attorney fees are fixed (\$500.00 single & \$550.00 joint). Fees and "advance payment retainers" for pre-filing work, become property of this firm on payment and are deposited into the firm's operating account. Payments are applied to the fees. If this contract is terminated by either party prior to the filing of the case, we will submit any dispute to binding arbitration within 30 days. If I/we close my file or breach this contract I agree to pay for the work done to that time. I/We assign to my/our attorney all amount tendered as filing fees or court cost and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me/us if case is not filed.

I/We understand that these fees above do not apply to, and the Attorney is not hired to represent me/us in the following: Adversary proceedings, Asset proceedings, Appeals or Proceeding in any non-bankruptcy court or administrative agency. The attorney may require additional fees allowed by the "Court Approved Retention Agreement" or other circumstances, such as any Adversary proceedings or if my case is deemed an Asset Case. If additional fees are required they will be paid up front prior to any work on these matters. I/We understand that if a motion needs to be filed to extend the Discharge to obtain a Reaffirmation Agreement in my/our case I/we will have to pay the postage and any other fees associated with this motion.

Balsley & Dahlberg Law Office is not representing me/us in state or any other courts regarding creditors in my/our bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankruptcy is my/our responsibility.

I/we must disclose any such claims or property I/we now have or acquire after filing Chapter 7 to my attorney and the court in a filed amendment and obtain authority to keep them.

I/We understand that to receive a reaffirmation agreement I/we need to be current on all payments. I/We understand the Attorney will make every attempt to obtain a Reaffirmation Agreement but cannot guarantee that we will receive one. I/We understand that Reaffirmation Agreements are voluntarily entered into, if the creditor refuses to provide a Reaffirmation Agreement there in nothing in the Bankruptcy Code to force them to prepare one. I/We agree to read my/our petition before signing it so that I/we know what is included.

(Please	initial on red line below)
AU/	If I/we have any of the following debts they will NOT be discharged: traffic/parking/tollway fines;
crimina	il fines; student loans; educational debts/tuition; child support/maintenance; taxes; NSF criminal court; debts
incurre	d by fraud or other debts found non-dischargeable by the Bankruptcy Court, and the holder of these will be
free to	pursue collection after the entry of the discharge order.

I/We also understand that if I/we received any sum of money other than through employment, including but not limited to life insurance proceeds, workers compensation award, personal injury or other court settlement, I /we MUST notify the attorney immediately and may have to pay some or all of the funds into the Chapter 7.

I/We cannot transfer any property or incur any credit or debt without the express permission of my/our attorney or the Court, and I/We must make full disclosure of all income, expenses, debts, and assets in my/our initial consultation and on my bankruptcy petition. If I/we fail to take my financial management class that my case may be closed without discharge, and I/we well be required to pay a fee to the Attorney and the Courts to have it reopened.

andrew fent	X
Andrew P. Lamb, Debtor	, Joint Debtor
Jeffry A. Daniberg Attorney for Debtor (6)	Dated: $9-19-16$
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United States Bankruptcy Court Northern District of Illinois

In re	Andrew P. Lamb	Debtor(s)	Case No. Chapter 7	
	VEI	RIFICATION OF CREDITOR MA	ATRIX	
	Number of Creditors:			
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of creditor	ors is true and correct to	the best of my
Date:	September 19, 2016	/s/ Andrew P. Lamb Andrew P. Lamb Signature of Debtor		

AFNI P.O. Box 3427 Bloomington, IL 61702-3517

Cach LLC 4340 S. Monaco Second Floor Denver, CO 80237

Central Credit Services LLC Dept. 673 P.O. Box 4115 Concord, CA 94524

Citizen's Finance 6457 N Second St Loves Park, IL 61111

Commonwealth Financial Systems 237 N Main St Scranton, PA 18519

Convergent Healthcare Recoveries 121 NE Jefferson Street, Suite 100 Peoria, IL 61602

Creditors Protection Service 202 W State St Ste 300 Rockford, IL 61101

Creditors' Protection Service 308 W State St Suite 485 P.O. Box 4115 Rockford, IL 61110-0615

IHC Swedish American Physicians ER 111 E. Wisconsin Ave Suite 2000 Milwaukee, WI 53202-4803

Illinois Pathologists Services LLC P.O. Box 9846 Peoria, IL 61612

Kishwaukee Auto Corral c/o Attorney Thomas Sandquist 120 W. State Street, #400 Rockford, IL 61101

National Bond Collection 210 Division Street Kingston, PA 18704-2715

Nationwide Credit Corporation 5503 Cherokee Ave Alexandria, VA 22312

Northeast Credit & Collection P.O. Box 3358 Scranton, PA 18505-0358

OSF Common Business Office P.O. Box 1806 Peoria, IL 61656-1806

OSF Healthcare System 7978 Solution Center Chicago, IL 60677-7009

Retrieval Masters Creditors Bureau 4 Westchester Plaza Suite 110 Elmsford, NY 10523

Rockford Assoc Clinical Pathologist P.O. Box 71082 Chicago, IL 60694-1082

Rockford Health Physicians 2300 N. Rockton Avenue Rockford, IL 61103

Rockford Mercantile Agency Inc 2502 S. Alpine Road Rockford, IL 61108

Rockford Radiology Assoc P.O. Box 44269 Madison, WI 53744-4269 Sinnissippi Centers, Inc. 325 Illinois Route 2 Dixon, IL 61021-9162

Southwest Credit Systems LP 4120 International Pkwy Suite 1100 Carrollton, TX 75007-1958

Stanislaus Credit Control Service 914 - 14th Street P.O. Box 480 Modesto, CA 95353

Swedish American Hospital P.O. Box 310283 Des Moines, IA 50331-0283